healthwatch Brent

Enter and View of acute mental health wards at Park Royal Centre for Mental Health

Healthwatch Brent, March 2023

Contents

Introduction

We conducted a series of Enter and View visits to the three acute mental health wards at Park Royal Centre for Mental Health, in response to feedback from local advocacy providers Brent Gateway Partnership and POhWER. Their feedback had highlighted a lack of complaints received from patients, suggesting patients may not be aware of the channels for making a complaint, as well as concerns that patients are not being listened to by staff.

The Enter and View visits aimed to learn more about complaints by patients and the complaints system. We also wanted to evaluate whether services are culturally appropriate and sensitive for the diverse group of patients on the wards.

This was carried out in partnership with Healthwatch Westminster and Healthwatch Kensington & Chelsea, who arranged an additional series of Enter and View visits to the mental health in-patient wards at St. Charles Hospital. This has allowed us to compare provision across the two hospitals, both of which are run by Central and North West London NHS Foundation Trust (CNWL).

All visits were announced Enter and View (E&V) visits undertaken by Healthwatch Brent Staff and volunteers.

Overview of findings

Patients receiving mental health in-patient care deserve to be treated with respect and dignity. This includes understanding their care and treatment, having their cultural needs met, having access to enriching activities and feeling safe and comfortable. We found

that many patients were not fully aware of their care plans, and have asked that patients are given a copy of these as a matter of urgency. There were also issues on certain wards with patients feeling unsafe due to the high number of male staff on duty during night shifts, and due to bullying/name-calling from other patients. These concerns need to be addressed immediately so that patients can feel comfortable on the ward. However, many patients rated the care from staff positively, stating that they felt their concerns were listened to.

It is also crucial that patients and their families know what to do if there's something they aren't happy with. A key finding from our visits was the need for more information about how to make a complaint, as well as information about accessing Independent Mental Health Advocacy – a service that can help patients speak up for their rights.

Finally, we found that patients need better access to cultural items and literature, better access to faith leaders and a broader range of activities. The feedback and recommendations from Park Royal were found to be very similar to those from St Charles Hospital, with many of the same issues and concerns arising across both hospitals.

All three of the wards were helpful in arranging the visits, and our teams were given the opportunity to speak to a range of staff and patients. The ward managers have also provided responses to our findings, and we are encouraged to see some commitment to specific changes. For instance, the manager of Pond Ward has stated that: "When generating the rota, we will ensure a lower male to female staff ratio at night to put our service users minds at ease. We will also review skill mix on each shift so there is balance across every shift."

The full findings and recommendations for each ward are attached as appendices: Pine Ward (Appendix 1), Pond Ward (Appendix 2) and Shore Ward (Appendix 3).

Recommendations

We have made a series of recommendations for each ward, which can be viewed in the separate enter and view reports. Below is a summary of the key themes.

Patient comfort and safety

Patients on some wards expressed that they were not comfortable due to the ratio of male to female staff. There were also concerns about bullying and racism between patients. The ward manager has responded to these issues, and we will follow up with them to ensure that measures have been put in place to address this.

Access to care plans

Each patient on the ward should be given a copy of their care plan, with an explanation by a member of staff so that they understand the treatment offered. This was found to be an issue across all three wards. Where necessary, we have also recommended refresher training to support staff in developing care plans.

Information about complaints and IMHA services

All patients should be made aware of what Independent Mental Health Advocacy is and given information about how to make a complaint. We have received assurance that more information will be displayed in visible locations, and that patients and relatives will receive more detail about complaints and IMHA processes.

Access to religious items/information

On all three wards, we noted that patients and their relatives should be asked if they want to bring in religious items, such as prayer mats and religious books (Bibles, Quran, etc.). Also, access should be given to spiritual and religious leaders.

Staff morale and training

On some wards, staff shared that they were feeling stressed or overwhelmed due to issues such as management of the rota and need for more support from senior management. We have recommended that staff are consulted with directly on these issues, and that refresher training is put in place where appropriate.

Activities for patients

On all three wards we found that patients require more meaningful activities – the activity coordinator needs to action this so that patients are able to join enriching activities throughout the day.

Next steps

We are very encouraged by the support that this work has received from CNWL, and look forward to seeing how our recommendations are put into practice. Our team will maintain regular contact with the ward staff so we can understand any changes that are being made, and ensure that our recommendations are being acted upon. After six months we will conduct a formal review of the recommendations and provide an update to the public showing what improvements have been made as well as any further work that is needed.

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